

Step 1

Organize an Annual Continuum of Care Planning Process

Tasks

- Establish an effective community-based planning process
- Create a Core Working Group and encourage participation
- Identify desired outcomes
- Define geographic area
- Define roles and responsibilities and establish timetable and goals for the Continuum of Care planning process

Purpose: *This session is designed to provide the participants with guidance on how to get started, including coordinating an effective planning process, defining the geographic area, defining the problem and articulating a vision, establishing a meeting schedule and timetable, and identifying expected outcomes for the Continuum of Care planning process.*

Establish an Effective Community-based Planning Process



► *Trainer should use Overhead 1-1 and elaborate, using the talking points below. The talking points can be used to elicit discussion or forge ahead depending on the group's needs and time constraints.*

As a first step in the planning process, it is important for the planning body to understand the Continuum of Care concept, to develop a common vision for an ideal Continuum of Care, and to consider its desired outcomes. This process is an opportunity to get homeless providers and key stakeholders to step "out-of-the-box" and think broadly about what an ideal homeless system should include and what it could achieve.

This step in the planning process will differ slightly for communities which are embarking on a Continuum of Care planning process for the first time and those for whom a Continuum of Care planning process is conducted annually.

When embarking on a Continuum of Care planning process for the first time, it is particularly important for the Core Working Group to dedicate time to communicating the Continuum of Care concept. It is also important to create an opportunity for providers and other stakeholders to look at the homeless "system" as a whole, and develop a common understanding of homelessness (the problem) and a vision for the Continuum of Care. Depending on the size and diversity of the community, this initial visioning process may be best accomplished through a single community meeting or a series of smaller community meetings.

For communities that have previously engaged in a Continuum of Care planning process, this early community process is an opportunity to revisit the extent of the problem and refine the vision statement. (See *W-1: Developing a Group Vision*.)

1-1 Establish Effective Continuum of Care Planning Process

- Create a Core Working Group to begin the process
- Assure that the major players in the homeless community are involved
- Seek involvement by all possible sectors of the community
- Enthusiastically communicate the need to undertake Continuum of Care planning to the community
- Assure that the broader community is aware of the planning, particularly local government leaders
- Tie in with existing planning efforts in the community
- Take the time to do it right

Create a Core Working Group and Encourage Participation

There is not just one model for organizing a community's planning process; each community has unique opportunities and constraints to developing and implementing a Continuum of Care plan. Any of the major stakeholders in the Continuum of Care—local jurisdictions, service providers, homeless people or their advocates—can take the lead to convene a community-based planning process.

Regardless of the model used for organizing the process,

there are certain principles that are important to an effective planning process and, ultimately, a comprehensive and meaningful plan. (See *W-2: Organizational Structure*.)

These principles are:

Create a Core Working Group: Creating a Core Working Group ensures that someone will be accountable to accomplish the tasks necessary to creating and implementing a Continuum of Care plan.

Reach out to providers and stakeholders: Who participates in this first meeting is very important. Outreach efforts should be inclusive and feasible to bring different elements of the homeless system together to create a common vision. For new and developing Continuum of Care systems, there should be ongoing efforts to include essential providers and stakeholders who might typically be viewed as “outside” the homeless system, such as affordable housing providers, community development policy-makers, mental health and/or substance abuse providers, and funders. (See *W-3: Inclusive Process*.)

Include major players: Maximize buy-in legitimacy by including such stakeholders as homeless providers, coalitions, social service networks, community development policy makers business leaders, housing agencies, and others in the planning process. (See *W-4: Sample Invitee List*.)

Seek involvement of all possible sectors: A comprehensive Continuum of Care planning process should especially include those agencies whose funding or policies impact the homeless communities but which may not be engaged already, e.g. a mental health service provider, HIV/AIDS organization, community leaders or public housing agency.

Enthusiastically communicate the Continuum of Care concept: It is important to create some momentum and common understanding by communicating the Continuum of Care concept and why it is important.

Assure broader community awareness of planning: Get the buy-in of policy makers and funders because much of the success of a Continuum of Care plan will rest on their cooperation.

Tie to existing planning efforts: Look to the Consolidated Plan, Ryan White CARE Act, AIDS Housing Plan etc. so as not to reinvent the wheel, and to link into existing priority activities or to advocate for changes in those priorities.

Take the time to do it right: A Continuum of Care plan takes time and effort, so communities undertaking a planning process should allow themselves the time to lay the right groundwork in terms of community process and data collection and analysis. Allow for a year-long process.

Strong facilitation: It is important to have a strong facilitator who is familiar with and can manage a group process. This could be a hired or “drafted” third party or someone from the Core Working Group who is particularly skilled or comfortable with facilitation. Colleges and universities or continuing education programs may be able to lend some expertise in this area. A strong facilitator will be especially important if the group anticipates friction or strongly divergent views among providers or key stakeholders regarding the homeless system. Getting people to move beyond historical barriers or strongly held opinions can be challenging, especially when negotiating gaps analysis and priority setting.

Accessible meeting space and times: Meetings should be held in buildings and rooms that are fully accessible to disabled persons. Accessibility may include the need for sight and foreign language interpreters. In addition, childcare availability and other potential barriers to participation by a broad range of community members should be considered.

Preliminary information collection and analysis: It is helpful to bring and distribute whatever information is available on the current system to provide people with a starting point from which to begin to discuss who is homeless and what capacity currently exists.

- *Trainer can use the following examples to elucidate two models for organizing and implementing the Continuum of Care planning process. Trainer should use these examples to illustrate the point that no one “model” for organizing the planning process is correct but that success rests on the key principles outlined above. Trainer reads the examples and then asks participants to list pros and cons for each. Some pros and cons are provided for the trainer to begin or fill out the discussion.*

Example 1:

Government Lead

The City takes a leadership role in organizing the planning process and implementing the Continuum of Care. Two city agencies staff the effort and work in collaboration with the City’s Homeless Planning Committee. The Homeless Planning Committee includes homeless shelter and service providers, advocacy organizations, housing providers, a veterans group, homeless and formerly homeless people, and leaders from the business community. The Homeless Planning Committee is appointed by the Mayor and is responsible for recommending homeless policy.

A volunteer Homeless Planning Committee, with city staff support, takes the lead in organizing a community process to seek input from stakeholders regarding the Continuum and its effectiveness each year. In addition, the City conducts an annual census of street and shelter homeless, and inventories homeless system capacity. These data are used to update the Continuum of Care plan, identify gaps in the system, and set priorities. Identifying gaps and setting priorities is an iterative process led by the Homeless Planning Committee but involving community meetings to build consensus on priority activities and goals.

The Homeless Planning Committee meets monthly throughout the year to monitor implementation of the Continuum of Care plan and make policy recommendations. The Homeless Planning Committee also establishes subcommittees, as necessary, to focus on particular subpopulations or discrete system issues.

► *Trainer now asks audience to consider the possible pros and cons of this process.*

Potential Pros:

- Clear leadership for creating a common vision and underscoring its importance
- Capacity and accountability to get tasks done provided by City
- Ability to coordinate policy changes or key linkages to mainstream resources

Potential Cons:

- Too directive or top-down driven
- Not inclusive enough
- Unable or slow to effect recommended changes

Example 2:

Homeless Consortium or Coalition Lead

A coalition of homeless providers coordinates the Continuum of Care planning process. In its first year, the coalition included just provider members in the Continuum of Care planning efforts, but in subsequent years it has recruited additional members to include representation from area foundations, corporations, and homeless and/or formerly homeless people. Both city and county government have a seat at the table and support the process, but they are not leading it.

The coalition advocated for joint funding by the city and county for a comprehensive needs assessment and planning process over the course of the year to develop a Continuum of Care plan. Committees were organized to address specific aspects of the Continuum of Care, including membership development, research and information, advocacy, and inter-agency planning. Other than using paid researchers from a local university to conduct the needs assessment, responsibility for developing the plan and monitoring its implementation is provided through the volunteer time of member agencies by committee assignments.

► *Trainer now asks participants to consider the possible pros and cons of this process.*

Potential Pros:

- Grassroots and inclusive process
- Genuine consensus building and shared visioning
- Strong working knowledge of needs, gaps and the homeless system among participants

Potential Cons:

- Lack of access or influence within government and other mainstream resources
- Parochial interests can interfere with agreement on broader systems goals
- Perceived lack of fairness during priority setting and/or McKinney project ranking

Exercise:

Have the group members assess their own Continuum of Care process to date using the Sample Community Survey (W-8) attached. Break into small groups if necessary. Ask the small groups to reconvene and report back to the larger whole. Have the groups try to synthesize the results of the assessment, looking at potential pros and cons using the key principles illustrated on overhead 1-1, which was introduced at the beginning of this section.

If the community has no Continuum of Care, have the members of the group think through what would have to be in place to begin a planning process: leadership, Core Work Group, planning committee, community process, needs assessment, inventory, and so on.

Identify Desired Outcomes



► Here, trainer is underscoring what outcomes a working group should try to achieve as the result of this initial community process. This can be approached with a question like: "What should the outcomes of this step in the planning process be?" Then use Overheads 1-2 and 1-3 and the talking points below.

It is important in the initial community planning process to identify desired outcomes. These will help create a common sense of purpose during the planning process and will help produce an action-oriented document.

Below are four potential outcomes of the visioning step.

Common understanding of the Continuum of Care and why it is important: Participants should finish this step in the planning process with a common understanding of the Continuum of Care and why it is important, agreement on who is homeless (extent of the problem), and a shared vision for the Continuum of Care.

Agreement on who is homeless: This is important in deciding what sub-populations will be used as a base for analyzing needs and available resources in the plan. HUD's Continuum of Care Homeless Assistance application provides a break out of sub-populations that must be considered in a Continuum of Care plan. It is also important to recognize that federal and state definitions of homelessness vary for housing and services, and therefore stakeholders' understanding of who is homeless may vary and may necessitate some discussion.

A group vision: It is important for the Core Working Group to create a shared vision and a common purpose among the broader community as it moves forward with the planning process. This is often accomplished through the development of a mission statement and/or guiding principles that help focus the planning efforts as they progress.

1-1

Establish Effective Continuum of Care Planning Process

- Create a Core Working Group to begin the process
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1-2

Considerations for Defining a Geographic Area

- Clear rationale for its organization
- Consider jurisdiction of key agencies and providers to facilitate linkages and coordination (such as mental health, homeless coalitions, community action agencies)
- Consider jurisdiction of key resources needed to facilitate linkages to mainstream resources (such as FEMA, ESG, CDBG, HOME)
- Include jurisdictions that are fully involved in the development and implementation of the strategy

1-3

Starting the Continuum of Care Planning Process

- Reach out to providers and key stakeholders
- Identify and recruit a strong facilitator
- Locate an accessible meeting space
- Collect and synthesize whatever data are available on needs and resources

Identification of critical missing information: These initial community meetings also offer opportunities, if time permits, to present what preliminary information is available on needs and capacity. The meetings allow the group to determine the validity of this information and to begin to identify methods and resources to more rigorously gather the data that is needed. (*W-5: Sample Exercise on Defining the Problem.*)

Define the Geographic Area

A Continuum of Care system should comprise a logical geographic area. HUD provides a Geographic Area Guide of cities and counties as a basis for communities to define a geographic area. To compete for McKinney Homeless Assistance funding, a Continuum of Care area should be composed of one or more of the cities and counties listed in the Guide. Furthermore, one Continuum of Care system should not overlap with the service area of any other system.

Considerations for communities when defining a geographic area include:

- Clear rationale for its organization
- Consider jurisdiction of key agencies and providers to facilitate linkages and coordination (such as mental health, homeless coalitions, community action agencies)
- Consider jurisdiction of key resources needed to comprehensively respond to the needs of homeless people and facilitate linkages to mainstream resources (such as FEMA, ESG, CDBG, HOME)
- Include jurisdictions that are fully involved in the development and implementation of the strategy



► *Trainer should use Overhead 1-2 to summarize the key points, then walk the audience through the examples below.*

1-4

Outcomes of the Visioning Step

- Common understanding of what a Continuum of Care System is and why it is important
- Agreement on who is homeless and how funders define it
- A vision statement and/or key principles for the development of a Continuum of Care Plan
- Identification of critical missing information and methodology for obtaining it

For example:

A state should consider which cities and/or counties have their own Continuum of Care plans and ensure that the geographic area defined in the state's Continuum of Care plan does not overlap with these (though coordination is certainly encouraged). The state may want to encourage cities and/or urban counties to develop their own continuums if they have not yet done so, thereby leaving the role of the state to organize and plan for rural and ex-urban areas which would otherwise go underserved.

A multi-jurisdictional county may want to define the Continuum of Care plan's geography to include all cities within its borders. These cities and the county can then coordinate the planning process countywide. The result is that county and city resources can be more effectively deployed, thereby avoiding both duplication of effort and the funding of activities or policies that operate at cross-purposes. If a city within the county's jurisdiction chooses to develop its own Continuum of Care plan, then the county Continuum would cover the county outside the city's boundaries. Again, coordination and cross-referencing make a stronger plan.

- ▶ *Trainer should note that there is a Sample Invitee List (W-4) included in the workbook for ideas about which stakeholders should be encouraged to participate in this process.*
- ▶ *Trainer should point out the group exercises on Defining the Problem (W-5) and Developing a Vision (W-1) included in the participants' workbooks for use in their communities. Trainer could elect to use these as part of the training as well.*
- ▶ *Trainer can present the sample vision statement and guiding principles for discussion using Overhead 1-5.*



Define Roles and Responsibilities and Establish Timetable and Goals for the Continuum of Care Planning Process

- ▶ *Trainer should underscore the importance of planning and sequencing an on-going year-long process. Not only is it important to a successful process, but also, HUD is looking for an on-going planning process that best helps the community address the problem of homelessness, not a process solely organized around the Continuum of Care Homeless Assistance funding application.*

Finally, it is important for communities to make sure that participants understand what is expected of them and have a clear and active role (e.g., collecting needs data, reviewing data, assisting with strategy development, etc).

To this end, the Core Working Group should develop a meeting schedule and timetable for the Continuum of Care process. This should carry through to writing and adopting the Continuum of Care plan. A timetable will provide participants with clear expectations of time commitment and steps necessary for the completion of the planning process.

1-5

Sample Vision Statement

"The Core Working Group is committed to assisting individuals and families who become homeless or are at risk of becoming homeless to regain housing stability and quality of life. Toward this end, over the next five years, the Core Working Group will implement and expand a comprehensive Continuum of Care to prevent and end the tragedy of homelessness among all individuals and families."

Outcomes

- Core Working Group accountable for task completion
- Geographic area defined
- Defined roles and responsibility
- Establish planning process, timetable and goals